MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) Garrett b. COUNTY Maryland MARYLAND Garrett b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town)
Oakland. 35 years Oakland. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cr. Third & Crook Sts. Cr. Third & Crook Sts. YES NO X 3. NAME OF Middle DECEASED Elizabeth April 15th Beckman 62 (Type or print) Mav DEATH after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days White WIDOWED DIVORCED | May 25. 1888 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY thin 24 hours after. Give Pages 1, 2, orm PM3. Page 1 House Working life, even if retired) Tourist Home Garrett County. Md. U.S.A. pages 13. FATHER'S NAME Daniel E. Beckman Sarah Lohr File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordatesofservice) permit. with Ray Beckman R.D. Swanton. Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Office along w INTERVAL BETWEEN State PEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion " in pencil in Office alor IMMEDIATE CAUSE (a) s a burial-removal, DUE TO should I Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying Examiner' used i PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED word the word b 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. to the Chie 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. prior at work at work DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry X and in my opinion pep death resulted from: Natural causes A Accident . Suidide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for DEPUTY MEDICAL EXAMINER NAME (Type) James H. Feaster, Jr., M. D. Oak., Md. 4-15-62 Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 Fitzwater Cemetery, North Glade, Swanton, Md. Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Oakland, Md. 5M 9/60

LAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL 2. USUAL RESIDENCE (Where decessed lived, If institution Residence before admission) 1. PLACE OF DEATH e. COUNTY I director. Page or your files. b. COUNTY Garrett MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Somerset Rural, Sang Rund, Md. A STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 806 Smith Street 4. DATE 3. NAME OF Middle Month OF DECEASED (Type or print) DEATH Tryin Berkebile. Jr. Anril 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX last birthday) Months Male White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page done during most of working life, even if retired) Electric Somerset Co. Lineman pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S. Berkebile Hazel Kennel e should be executed within 2 ing "in pencil in Item 18. Give also with form P is a burial-transit permit. File it removal, and in any event. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c),] PART I. DEATH WAS CAUSED BY Electrocution (110,000 volts IMMEDIATE CAUSE (e) DUF TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY Pe 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) While blasting. 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING writing the b Chief Me Page 3 sho blasting cable came into contact with 110.000 volt line | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., atc.) While Not While Along power line at work at work Rural. Sang Run Garr. to the 21. I certify that Look charge of the remains described above, held an Autopsy . Inspection X. Inquiry & Accident X Undetermined manner death resulted from Natural causes Homicide should be forwarded its designation CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) James H. Feaster, Jr., Address (Street, city, town, or county) Oakland. Md. 220. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. AISME

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STATE DEPARTMENT

IS RESIDENCE ON A FARM?

YES NO

1962

IF UNDER 24 HRS.

Hours

ONSET AND DEATH

PERFORMED?

(State)

YES NO X

and in my opinion

DATE SIGNED

Stete)

Sudden

(County)

Circinus S. Tirans

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04558

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whara deceased lived, If institution: Residence before admission)		
GARRETT MARYLAND		a. STATE MARYTAND b. COUNTY CARRETT		
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)		
	DEER DARK 18 was	DEER PARK		
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?		
		YES NO		
	3. NAME OF First Middla	Last 4. DATE Month Day Year		
	(Type or print)	DDODNI DEATH ADDIT 19 69		
	5. SEX 6. COLOR OF RACE 7. MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HKS.		
		last birthday) Months Days Hours Min.		
	MATE WIDOWED DIVORCED 100. USUAL OCCUPATION (GIVE Kind of work 10b, KIND OF BUSINESS OR INDUSTR	FEB 3 1887 75"s. Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
Э	10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	1 II. BIRITHPLACE (County & State, or foreign country)		
	TIMBER CUTTER	CLEARFIELD, PENNA. U.S.A.		
1				
1	15. WAS DECEASED EVER IN O.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANTERINE BECKWITH		
	(Yes, no, or unkown) (Ifyesgivewarordatesofservice) NO 213→10−3108	COLUMNIA E DOOMN DEED DADY WO		
	NO ELD-10-3108 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), //b), and (c).]	COLUMBIA F. BROWN DEER PARK MD.		
	PART I. DEATH WAS CAUSED BY:	ONSEL AND DEATH		
ī	IMMEDIATE CAUSE (a) LENC DITURE ///	nom with some		
	DUE TO ALT	sis ginanala ect.		
	Conditions, if any, which (b) Anthus Belevie	sis gonomua ec		
3	gava rise to Immediate cause (a), stating the underlying DUE TO			
9	cause last. (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?		
	TE STATE OF THE ST	YES NO N		
	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury In Part I or Part II of item 18.)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, streat, office bldg., atc.)		
	Hour a.m. p.m. While Not While at work all work			
	21. I certify that (I) (this hospital) attended the deceased from	10 Am., 1962 to 11 am., 1962 that (I) (we) las		
	100 - 01	death occured and, from the causes and on the date stated above		
	228. SIGNATURE	22b. DATE		
	La Shantrun.	D. PHYS. MED. STAFF PHYS. SIGNED		
-	22c. PHYSICIAN A MARCHANIA	22d. ADDRESS		
1	NAM (Type) B. I. GRANT M.D.	OAKLAND, MARYLAND		
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY			
	REMOVAL (Specify)	CARRENT COUNTY MD		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	24, TUNERAL DIRECTOR'S SIGNATURE ADDRESS	ADR 1 8 '62 0 71 - 0 4		
	OAKLAND. I	NT DATE WE DE CULTUM X TILLIA		

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an filled in by executed within 24 Pages 1 hours after in any event, within 72 comple death. 39 4 may be read by the hospital or attending physician.

Yes TO FULL AL DIRECTOR: After this certificate has been signed by the attending physician and confined or page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within The law requires that the death certificate be PHYSICIAN: OR ATT TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 1559

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If Institution: Residence before edmission)				
e. COUNTY	e. STATE b. COUNTY				
Garrett MARYLAND	W. Va. Grant				
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL end give neerest town)				
	Boward 85x.3				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giv. dreet eddress)	Bayard d. STREET ADDRESS o. 15 RESIDENCE				
The state of the s	ON A FARM?				
Garrett County Memorial Hospital	General Delivery				
3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer				
DECEASED (Type or print)	OF DEATH Ammil 3 1060				
Harold Vincent	Casey April 1 1902				
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
Male White WIDOWED DIVORCED	July 21.1901 60 yrs. Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	0017 21 1701				
done during most of working life, even if retired)					
Forman Construction	Barton, Maryland U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Andreas Conses	Months Wa Tutana				
Andrew Casey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Martha McIntyre				
(Yas, no, or unkown) (Ifyesgivewerordetesofservice)	INFORMAN1 Address				
no unk. (W	ife) Edith Casey, Bayard, W.Va.				
18. CAUSE OF DEATH [Enter only one cousa per line for (e), (b), end (c).]	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH				
IMMEDIATE CAUSE (e) Uremia	l0 days				
DUETO					
	ibrillation 6 mos.				
Conditions, if eny, which geva rise to Immediate cause	ibrillation 6 mos.				
(a), stating the underlying DUE TO					
cause lest. (c) Chronic myo	carditis vears				
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
9	PERFORMED?				
Two previous myocardial infa	rctions YES NO W				
E 20e. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.)					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)				
	ctory, street, office bldg., etc.)				
p.m. 19 et work et work					
21. I certify that (1) (this hospital) attended the deceased from1949					
1 11.10 P M					
saw the deceased/alive on	it death occured billion				
22e. SIGNATURE	22b, DATE				
No 11 To To. X	ATTENDING MED. STAFF PHYS. D 4-2-62 SIGNED				
22c PHYSICIANS	22d. ADDRESS				
NAME (Type)					
James H. Feaster, Jr., M	. D. 58 2nd. S., Oakland, Md.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)				
REMOVAL (Specify)	motors W II-				
	metery Grant W. Va.				
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
Guald II. Minnich Oakland, M.	aryland DATEAPR 9 '62 Cuthun S. Thank				
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VISCOP OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CQUNTY b. COUNTY Garrett Waryland Garrett MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland. Oakland, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Route #219. 7 Mi. S. Oakland Rosedale YES NO X 3. NAME OF DECEASED 4. DATE Month the James (Type or print) Lawrence Childs DEATH April llth 19 62 with th 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. EX MEDICA. AMINER: This certificate should be executed within 24 hours after deal secule the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may RAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 wit ignated agent, prior to burial, cremation, or removal, and in any event within 72 hours a 58 vrs. Male White April 4. WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Watchman, Sterling Processing Co. Garrett County. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James F. Childs Virginia Leech 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewarordatasofservica) 36-59-0010 Mrs. Sylvia Childs Oakland, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Sudden PART I. DEATH WAS CAUSED BY: Crushed chest IMMEDIATE CAUSE (a) Ruptured heart Conditions, if any, which gave rise to Immediate cause DUE TO (a), stating the underlying Broken Neck PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY RERFORMED? NO 4 208. EXTERNAL CAUSE WAS PRIMARY ET OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) Driver of car crossed road and struck another auto. Rt. 219 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) factory, street, office bldg., etc.) Rural, Oak. (State) 2:15 our 200. 4-11-62 While Not While Garr. Md. at work at work K Highway 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion death resulted from: Natural causes Accident X Spicide Homicide . Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James H. Feaster, Jr., M. D. Address (Street, city, town, or county) Oak., Md. 4-11-62 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d, LOCATION (City, town, or country) D REMOVAL (Specify) 0 g 4 0 g 4/14/1962 Fairview Cemetery Garrett County. Md. Burial FUMERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Oakland. Md. 5M 9/60 DATOR 1 8 '62 Combine S. House

YLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY GARRETT MARYLAND GARRETT b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) à write RURAL and giva nearest town) OAKLAND 17 Days ACCIDENT e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO GARRETT MEMORIAL HOSPITAL 3. NAME OF 4. DATE Middle Last Month Day DECEASED OF pg (Type or print) DEATH LEOLA DAVIS FUNDER 1 YEAR 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH 1892 and birthday) Months Days Hours WIDOWED Y DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARYLAND REGISTERED NURSE NURSTNG U.S.A 13. FATHER'S NAME please and in RICHTER JOHN L. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SCHNEIDER. CATHERINE 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (If yes give war or dates of service) 163-30-1851 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ACCIDENT. 0 MRS. RAYMOND GEORG ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THROM BOSIS Conditions, if any, which geve rise to immediate cause (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Aff While Not While Hour a.m. at work at work saw the deceased alive on 4-26-19.64, and that death occured at M. M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) PEDRO RIVERA FRIENDSVILLE. MARYLAND ector, filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) Burial di di OI Accident Accident GarrettCo. 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Orthur & Kraus 15M 9/60

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W. PRESTON STREET, BALTIMORE 1, MA FOR STATE RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE COUNTY Garrett MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 side corporate limits, write RURAL and gi your write RURAL and give nearest town) Oakland months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) . IS RESIDENCE ON A FARM? Cuppett-Weeks Nuring Home YES T 3. NAME OF Middla DATE DECEASED OF (Type or print) DeHaven DEATH April 6th Warren 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work ring most of working life, even if retired) Give Pages 1 se executed within and in Item 18. Give Page a slong with form PA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes) no or unkown) | (If yas give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil is Office alon Cardiac decompensation, acute hours IMMEDIATE CAUSE (e) DUE TO Arteriosclerotic heart disease Conditions, if eny, which vears geve rise lo immediate cause DUE TO (a), steling the underlying ld be used remation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO M 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) fectory, street, offica bldg., atc.) Not While Hour a.m. While at work at work 20 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | XI. Inquiry X and in my opinion death resulted from: Natural causes X Accident /Suicide Homicide Undetermined manner ease cute the cert should be forwarded FUNERAL DIREC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE M.D. 4-6-62 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Jr. D. Address (Street, city, town, or county) 22d. LOCATION (City, Jown, or country) (Stelle) 940 p ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 arthur & Kraus

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesad livad, If institution: Rasidance bafora edmission) e. COUNTY b. COUNTY GARRETT GARRETT MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporeta limits, writa RURAL and give nearest town) write RURAL and giva neerest town) FRIENDSVILLE 20 DAYS OAKLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? COUNTY MEMORIAL HOSPITAL P.O. BOX 62 YES NO 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH 19 62 JASPER THOMAS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. carbo carbo last birthday) WIDOWED DIVORCED MALE 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10 KIND OF BUSINESS & State, or foraign country) most of working lifa, aven if retired U.S.A. 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMAN (Yas, nor runkown) | (If yas giva war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 days IMMEDIATE CAUSE (a) DUE TO ERiosclerotic HEART DISEASE Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) PERFORMED? NO 30 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Entar netura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, ferm, 1 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, straat, offica bldg., etc.) While Not Whila Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from......19.62... and that death occured at521, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) PEDRO RIVERA. M.D. FRIENDSVILLE, MARYLAND OF CREMATOR 23C-NAME OF CEMETERY 23d-LOCATION (City; town or county) 24 FUNERAL DIRECTOR'S SIGNATURE ESa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

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RYLAND STATE DEPARTMENT OF HEALTH

1064) TLOPEAC CARRETT COURT REPORTAL HOSPITAL CIT.C. BOY 52 JASHAR THOMAS PTACE SAFELL 22, MILE MILE STATE OF THE STATE OF Townserve within Feel has Elected within 18.5.1. Lease of Charles and the second of the second 196-10-1671 The Clyde Leine Frankrich 14 THE STATE OF THE S The state of the s Laws to to be stale and the single Bereak Helpita celebra, Eineley Lectures hor Hiller Burney Durante Mer and the

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 04565 04568 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAT RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND Garrett b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest tawn) Ill Kun Oakland d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Cuppett-Weeks Nursing Home NAME OF Middle 4. DATE Month Last Day DECEASED (Type or print) William DEATH April 1962 Frazee 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX lost birthdoy) Days W DIVORCED | 90 WIDOWED KK Jan. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIETHPLACE 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if refired) waner 13. FATHER'S NA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. JNEORMANI 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: myocardial infarction hr. IMMEDIATE CAUSE (o) DUE TO generalized artia arteriosclerosis Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS) PERFORMED? YES NO A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work 21. I certify that (I) (this haspital) attended the deceased fram March 28 .. 1621 ta April 29. 19.62 that (I) (we) last saw the deceased alive an April 299 62 and that death accurred at 2:12 from Pth Orguses and an the date stated above. 22a. SIGNATURE SIGNED MED. MD 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) L. Grant. Oakland, Md. 23g. PORIAL, CREMATION, 23c. NAME OF CEMETERY OR CHEMATORY 23d LOCATION (City, town, or aupty 24. FONERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 280. REC'D BY REGISTRAR arthur & France 162 DATE 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

William William of season the said the district the district the season of the said of the season of the said of the s TALL THE PARTY OF 4 Garrell Hill 3 14 Children Santary Charles

04569 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission e. COUNTY b. COUNTY GARRETT GARRETT MARVIAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) þ write RURAL and give neerest town) DAYS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL YES NO X executed 3. NAME OF Middle Lest 4. DATE Month aper 72 DECEASED OF (Type or print) DEATH MABET FRIEND 1962 6. COLOR OR RACE 7. MARRIED THE MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX and carbo lest birthdey) Months WIDOWED certificate 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foraign country) done during most of working life, even if retired) Own Home GARRETT COUNTY, MD. HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BUTLER. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMAN (Yes, no, or unkown) | (If yes give werer detes of service) no GEORGE MARCELLUS HUSBAND-FRIEND 18. CAUSE OF DEATH [Enter only one cause per the for (e), (b), and (c); INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ella. MMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ON GIVEN IN PART 16 CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) Month, Day, Yeer While Not While fectory, street, office bldg., etc.) Hour a.m. et work et work saw the deceased alive on APRIL 11....1962, and that death occured at 4.8,5 from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE SIGNE DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MANCE MD. OAKLAND, MARYLAND ector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23e, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) -5 Garrett 0 Ashby Cemetery ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAS'S 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

THE STATE OF THE S . S. J. S. . Harry March T. S. S. S. Laura, Alica MUNE, INNER MORE TURBUND-FATERED ONCOME AARDSTILLS is , it dinia OMACKED, ACLUMENT - - - CANDED, NAME OF ACTION with the Country of t brangest partition of the sales

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

of northernmen derent to missing design and the state of th sauce , mistall gut . W trades FEREOLES. Const. the same of the sa . The restance of asset and asset and the street and a line of the street the first pass of the first seed they will be at

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence belore a. COUNTY b. COUNTY PRESTON MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give negrest town) write RURAL and give neerest town) HORSE SHOE RUN OAKLAND

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 10 days d. STREET ADDRESS IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL YES IN NO 3. NAME OF DECEASED 4. DATE Month Year OF (Type or print) DEATH 62 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS last birthday) Months WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work Give Pages 1, 2, orm PM3. Page 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even If retired) U.S.A. W.VA. FARMING FARMER pages | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S Office along with form 18 aburial-transit permit. File parmoval, and in any MILLER 16. SOCIAL SECURITY NO. 17. INFORMANT WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Sarah Hemine (Yes, no, or unkown) | (Ifyes give war or detes of service) KENKIKNNE-HORSE SHOE 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion Sudden IMMEDIATE CAUSE (e) DUE TO Coronary sclerosis with thrombosis 11 Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), stetling the underlying cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY Previous myocardial infarction PERFORMED? Medical should be NO 4 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour e.m. Whila Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. 20 Inquiry X and in my opinion forwarded to DIRECTO death resulted from: Natural causes 3 Accident / Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forward FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FEASTER, JR., M.D. Add NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF Address (Street, city, town, or county) DEP 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) 940 g Burial XXXX Texas Shoe Run, 23. FUNERAL DIRECTOR VS. A15ME arthur S. Thans 5M 9/60

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	MARYLAND STATE DEPARTMENT OF HEALT
04572	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, N
	CERTIFICATE OF DEATH

TH MARYLAND

04569

1	o. COUNTY Garrett	MARYLAND	o. STATE Maryland	b. COUNTY ~	rett	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporate limits, write RURAL and q	give nearest town)	
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print) Walter Wa	Middle shington Hol	Lost 4. DAT OF DEA		Day Year 19 62	
	5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Apr. 3, 1909	1 1 1 1 1 1	1 YEAR IF UNDER 24 HRS. Days Hours Min.	
1	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxi Driver 13. FATHER'S NAME	kind of Business or Indu axi Business			ZEN OF WHAT COUNTRY?	
	Saylor Holler		Vicie Moss	ser		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)		Mormant Beatrice Holler	Address Rural Oak	land. Md.	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under-					
)	PART II. OTHER SIGNIFICANT CONDITIONS CON QCALL 20a. ACCIDENT WAS UNDERLYING CON CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ve heart	railine		T 1(o) 19. WAS AUTOPSY PERFORMED? YES NO	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED Of While of work of					
	21. I certify that (I) (this haspital) attended the deceased fram 23 Noo. 1960, to 210pm. 1962 that (I) (we) last saw the deceased glive an 200pm. 1962, and that death accorred at p. M, fram the causes and an the date stated above.					
	22c. PHYSICIAN'S NAME (Type) B. L. Grant	m	M.D. ATTENDING MED. DIRECTOR 22d. ADDRESS Oakland, 1		24apr62 Sched	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 4/24/62	Garrett Co	R CREMATORY 23d. LO	CATION (City, town, or county) Oakland. Ma	(Stote)	
1	24. FUNERAL DIRECTOR'S SIGNATURE LEVALUE M. MUNNICH	ADDRESS Oakland, Ma	2So. REC'D BY REC	GISTRAR 256. REGISTRAR'S SI	GNATURE	

STATE OF ILL THE LESS PERSON OF THE PARTY OF THE PART ALTERNATION OF THE PROPERTY OF

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution, Residence before edmission, e. COUNTY Garrett b. COUNTY Garrett Maryland MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) 3hrs. 50 mins. Oakland Rt. 1 Oakland d STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? Garrett Co. Mem. Hospital, Oak., Md. YES X NO S may be retained 2 with the State nour after death. retain e State 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATHApril 11th Dessie Elizabeth Junkins 19 62 0 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Female WIDOWED DIVORCED 1, 2, ar ige 5 l and 7 72 ho 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Own Home Bittinger, Maryland USA Housewife pages 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Lohr Ellen Myers n pencil in Item 18. Give 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes giva wer or datas of servica) Okareda Shaffer Oakland Rt. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] ing" in pencil in Ite sr's Office along was a burial-transit p removal, and in a ONSET AND DEATH Cereberal vascular accident PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Hypertension Years Conditions, if any, which (b) "pending" i xaminer's C used as a b gava rise to immadiata cause DUE TO Examiner's se used as a ation, or re (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY flicate, writing the word " to the Chief Medical Exi TOR: Page 3 should be u prior to burial, crematio PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, offica bldg., etc.) Whila Not Whila Hour e.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry K and in my opinion is should be forwarded to provided to prov Natural causes X. Undetermined manner Accident Sulcide Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE James H. Feaster, Jr., M. Address (Street, city, town, or county) Oak., Md. 4-11-62 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 p Oakland 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME arthur & Kraus

and the second s The second secon entitle to the second to the second to X .

FOR STATE HEALTH TO DEPT MEDIC EXAMINER: This certificate should be executed within 24 hours after death. If any delay is net please exacute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fig. I director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Fleath or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. lay is ne 9

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04571

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04571

1. PLACE OF DEATH •. COUNTY Garrett		a STATE	CE (Where decessed I	ived, If institution: Res	sidence before admission	
	MARYLAND		yland	Garre	100	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Oakland 7 yrg.		c. CITY OR TOWN	If outside corporete lim	its, write RURAL and g	give neerest town)	
		/ Oakland	1			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pitel, give street eddress)	d. STREET ADDRESS			. IS RESIDENCE	
DOA Garrett Co. Mem. Hosp.		General	l Del.		YES NO	
3. NAME OF First	Middle	Last	4. DATE	Month	Day Yeer	
(Type or print) Mike	Sa	akalik		oril 23r		
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED X	. DATE OF BIRTH		In years IF UNDER 1 Y		
Male White WIDOWE		October 16,		yrs. Months De	ys Hours Min.	
	ND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State	or foreign country)	12. CITIZI	EN OF WHAT COUNTRY	
done during most of working life, even if relired) Carpenter Sum:	mer Camp	Webster,	Penna	ITS	SA	
13. FATHER'S NAME	aroi odano	14. MOTHER'S MAIDEN		1 01	J11	
Andrew Sakalik		Susie	(unk.)			
	SOCIAL SECURITY NO. 17.	INFORMANT	(din .)	Address		
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	חז חח זלים	ary Bright	Onleland	formal or	A 2	
YES WW 2		FI.A DI.TRIIP	vakrand	, Marylar	I INTERVAL BETWEEN	
DART I DEATH WAS CAUSED BY.					ONSET AND DEATH	
IMMEDIATE CAUSE (e)	coronary occlus	sion			Sudden	
420° DUE TO						
Conditions, if eny, which (b)	Coronary arter	y sclerosis			Years	
geve rise to immediate ceuse						
(e), stering the underlying						
(0)	Cause lest. (c) (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
FARI II. OTHER SIGNIFICANT CONDITIONS CON	PERFORMED? YES IN NO					
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURED. (Enter neture of injury in Pe	rt I or Pert II of item 18.	.)		
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour e.m. While Not While et work et work et work				y) (Stete)		
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion						
death resulted from; Natural causes	Accident . Buic		Undeterm	ined manner		
docum rosando monte da sos [1].						
ACTUAL /	7 7	CHIEF MEDICAL	DICAL EXAMINER		DATE SIGNED	
SIGNATURE ON P.		DATE SIGNED				
examiner's James H. Feaster,	Jr., M. D.		city, town, or county)	Oakland, M	1d. 4-23-62	
22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (CI	ty, town, or country)	(Stete)	
Burial 4/26/62 A		ional Cem.				
23. FUNERAL DIRECTOR	ADDRESS	24e. RE	C'D BY REGISTRAR 2			
Heiseld II Milyenia da	Dakland, Mar	VI and DATE	'R 3 0 '62	arthur & to	Lisia	

FVELO ence .com of widemake and the second second And the state of t a least that are the second and SEEL, E, ERM BELL C. L. IN

04575

Garrett

(Il outside corporate limits, write RURAL

Mast

6. COLOR OR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if

Vindex

7. SINGLE, MARRIED,

Almedia

(Day) (Year)

22. I hereby certify that I attended the deceased from 1958

(Hour)

Feaster, Jr., M. D.

REGISTRAR'S SIGNATURE

arthur & Haus

While

at work

21a. INJURY OCCURRED

Not while

at work

Apr. 4,1962 Sharpless Cemetery

(Middle)

1. PLACE OF DEATH

TOWN HOSPITAL OR

3. NAME OF DECEASED

S. SEX

Female

STREET ADDRESS

(Type or Print)

21d. TIME OF INJURY (Month)

alive on 3-P

James H. 23. BURIAL, CREMATION, REMOVAL (SPECIFY)

APR 5

SIGNATURE

24. REC'D BY REGISTRAR

DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

04572

DATE SIGNED

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland county Garrett
CITY (If outside corporata limits, write RURAL end give neerest town) MARYLAND LENGTH OF STAY (In this place) TOWN Vindex STREET (If rurel give location) ADDRESS East Vindex (Last) 4. DATE (Month) (Dey) (Yeer) Sharpless DEATH April 1062 8. DATE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR HE UNDER 24 HRS WIDOWED, DIVORCED, (Spacify) VI d OWed June 19,1890 11. BIRTHPLACE (Steta or foreign country) 10b. KIND OF BUSINESS CITIZEN OF WHAT OR INDUSTRY

Mt. Zion, Garrett Co.Md

hankley Blaine, W. va

ADDRESS

ADDRESS (Street, city, town, stata)

LEURA GROCI OT IT	MI HOME	Garrett Co., Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George Stewart		Rosetta Harvey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS	
(Yes, no. es unk.) (If Yes, give wer or dates of service)	215-07-1986 B. Mrs. Esta Brown, Vindex, Md.		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	18. MEDICAL CE		INTERVAL BETWEEN ONSET AND DEATH
433 MAMEDIATE CAUSE (A) Cardiac decompensation, acute			Hours
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Auricular fibrillation		years	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. DUE TO	Arteriosclerotic cardiovascular disease.		years.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
190. DATE OF OPERATION 196. MAJOR FINE	DINGS OF OPERATION		20. AUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE OR CONTRIBUTING 2 CAUSE OF DEATH (IF FITHER MOTIES MEDICAL EXAMINED)	(Home, farm, factory, streat, offica bldg., atc.)	21c. WHERE DID INJURY OCCUR? (City or town) (0	County) (Steta)

21f. HOW DID INJURY OCCUR?

D. J.D. 58 2nd. ST. Oakland, Md.
NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county)

25. FUNERAL DIRECTOR'S SIGNATURE

19......, and that death occurred at 9. A. M., from the causes and on the date stated above.

FUNERAL DIRECTOR: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician. death

ALTEROPETARE DEPARTMENT OF THEMPER STATE GRALLER - STATE GRALLER - STATE OF THE STA CERTIFICATE OF DEATH EVENUE PALLS STATE AND A STREET, VI. SECURIOR BUILDING THE PROPERTY AND A STREET, AND a special particular for the standard and the standard property and the standard particular for the standard parti

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY a. STATE Marvland b. COUNTY Garrett Garrett Page MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) director. Rural- Swanton jo d STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM R#1. Mt. Zion Road R#1-Mt.Zion Road YES NO PE 3. NAME OF Middle 4. DATE Month Day DECEASED Clarence Everett Sharpless (Type or print) April 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years last birthdey) Male WIDOWED | DIVORCED TO and 2 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2, Office along with form PM3. Page 5 done during most of working life, avan if retired) Coal Mines Miner Vindex, Maryland U.S.A. File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jess Francis Sharpless Addie Mae Paugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivawarordatasofsarvica) Mrs. Addie Sharpless, R#1, Swanton, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] e burial-transit Shotgun wound of left chest, self Immediate AMMEDIATE CAUSE (e) inflicted Conditions, if eny, which gave rise to immadiata cause as a DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? pe writing the word NO X Medical 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) Self-inflicted shotgun wound of left chest Chief 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, ferm,) (County) (Stata) 5:30 x x 4-14-62 should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion Suicide X Undetermined manner death resulted from: Natural causes Accident Homicide . CHIEF MEDICAL EXAMINER cute the ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER H. Feaster, Jr., M. D. Address (Street, city, town, or county) Oak., Md. 4-14-62 NAME (Type) James please 4 should Cor its o 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 220. BURIAL, CREMATION, April 17/62 Turner Cemetery R#1, Swanton, Md. ADDRESS 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE 23- FUNERAL DIRECTOR Blaine, W.Va.

MARYLAND STATE DEPARTMENT OF HEALTH

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RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S HFALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) al director. Page for your files. Board of Thealth, e. COUNTY b. COUNTY Maryland Garrett Garrett MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town)
Hutton X Hutton 32 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Residence YES NO. 3. NAME OF First Middle 4. DATE Month Day Yeer DECEASED Clayton Slabaugh 13th (Type or print) Joseph DEATH April 1962 s 1, 2, and 3 to age 5 may be 1 and 2 with 1 72 hours afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 72 yrs. Months May 8, 1889 Male White WIDOWED DIVORCED should be executed within 24 hours after g" in pencil in Item 18. Give Pages 1, 2, 3 Office along with form PM3. Page 5 a burial-transit permit. File pages 1 and emoval, and in any event within 72 ho 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired. Retired Coal Miner Coal Mines Garrett County, Md. Soft U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Slabaugh Christina Durst 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or dates of service) 8-01-6124 Mrs. Clayton Slabaugh, Hutton, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN DEATH WAS CAUSED BY: Adenocarcinoma of oesophagus with Months DUE TO metastasis Conditions, if eny, which e word "pending" edical Examiner's C geve rise to immediate cause 10 DUE TO (a), stating the underlying 98 cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19, WAS AUTOPSY CERTIFICATION Medical Ex PERFORMED? NO A 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | writing the chief Me Page 3 short to burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, : 20f. (City or town) (County) (State) factory, street, office bldg., etc.) WEDI While Hour e.m. Not While at work et work cafe, to the 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection ... Inquiry X and in my opinion 0 death resulted from: Natural causes ... Accident Suicide Homicide Undetermined manner DIRE CHIEF MEDICAL EXAMINER should be forward FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR DEPUTY MEDICAL EXAMINER NAME (Type) James H. Feaster, Jr., M. D. Address (Street, city, town, or county) Oak., Md. 4-14-62 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify 4/16/1962 Burial Garrett Co. Mem. Gardens. 0 240 9 Oakland, Maryland. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Oakland. Md. 5M 9/60 Comment & thronto

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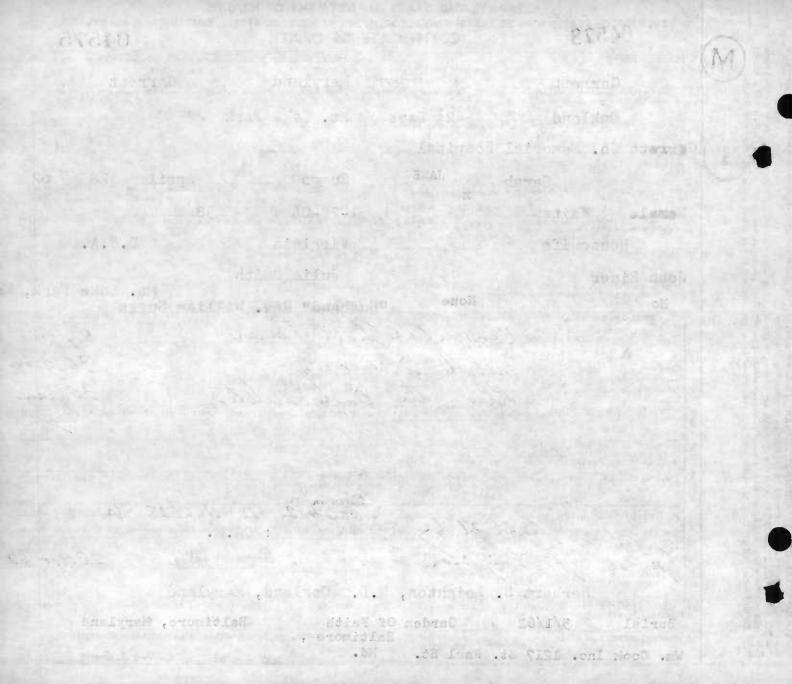
ARYLAND STATE DEPARTMENT OF HEALTH

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STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacaasad lived, If institution; Rasidanca bafora admission) a. COUNTY b. COUNTY by the and 2 death. MARYLAND Marvland Garrett Garrett c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give Streat address) Park Pages e. 15 RESIDENCE ON A FARM? YES NO Hospital Memorial 4. DATE Last DECEASED (Type or print) JANE DEATH 19 6. COLOR OF RACE Suggs B. DATE OF BIRTH Apri AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) and Months WIDOWED DIVORCED (County & State, or foreign country) 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratired 13. FATHER'S NAME U.S.A. Virginia
14. MOTHER'S MAIDEN NAME Julia Smith John Riner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mt. Lake Park, Me (Yas, no, or unkown) | (Ifyas give war or dates of service) None No William Suggs "Husband" INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: WERNE IMMEDIATE CAUSE (a) if any, which gava risa to immadiata causa DUE TO (a), stating the undarlying causa last. WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CATION PERFORMED? YES IN NO CERTIFIC 2Db. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING T OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, streat, offica bldg., atc.) Whila Not While Hour a.m. at work at work p.m. Dockarter TOR: 2, 1962 to Christile 28..., 1962, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on., 22b. DATE 22a. SIGNATURE ATTENDING PHYS. DIRECTOR M.D 22d. ADDRESS PHYSICIAN'S NAME (Typa) Oakland, Maryland Leighton. filed death TO FU directo 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify)
Burial Garden Of Faith Baltimore, Maryland Baltimore | 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cook Inc. 1217 St. Paul St. Md. 15M 9/60 Circles & Thouse

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH

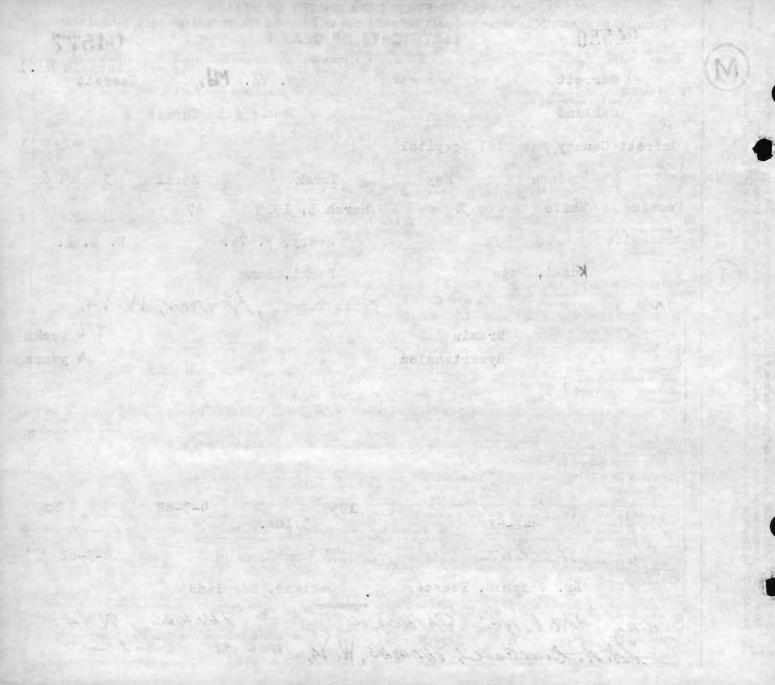


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二年 里)		. CITY OR TOWN (/ IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
of of		K	write RURAL and give nearest town) Kitzmiller, 30 yrs.					Kitzmiller X						
oard	X			AL OR INSTITUTION (if no	ot in hos		ss)	d. STREET ADDRESS		1			RESIDENCE	
0 0	- \	At Home					At Home					NA FARM?		
arr.			3. NAME OF First Middle DECEASED					Last		oar				
o the eret.			(Type or print)	Elizabe	th	Marie	Ta	sker	OF DEAT	H April	3rd	• 19	962	
またつき	1	5.	SEX	6. COLOR OR RACE 7.	MARRIE	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years			ER 24 HRS.	
ter dea 2, and 3 5 may d 2 will hours		Fe	male	White w	/IDOWE	D DIVORCED	□ De	c. 18, 19	01	60 yrs.	Months Day	rs Hours	MIn.	
2, 2				ON (Give kind of work	10b. K	IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	e or foreign c	ountry)	12. CITIZE	N OF WHAT	COUNTRY?	
Pag 1 a		done during most of working life, even if relired) House Work			Own Home			Lithuani	U.S.	S.A.				
bogges 3. Ithir	M	13. FATHER'S NAME						14. MOTHER'S MAIDEN NAME						
PN PN		Joseph Miller						Anna?						
orm form form form form form form form		15.	WAS DECEASED EV	R IN U.S. ARMED FORCES yes give war or dates of servi	? 16.	SOCIAL SECURITY NO). 17. IN	FORMANT	MANT Address					
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liter I		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]									INTERVAL BETWEEN ONSET AND DEATH			
long ansign		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac tamponade										Minutes		
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in i			Conditions, if any	1-1	TILL	rapericar	drar	hemorrhage	е					
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icate andi ad a			cause last.) (c)		tured cor						11		
Exar Exar Lon tion	2	NO	PART II. OTHER	SIGNIFICANT CONDITIO	NS CON	TRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEAS	CONDITION GIV	EN IN PART 1(a		AUTOPSY FORMED?	
orocal d be	-	CAT										YES X	NO 🔲	
tedipolicon		CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ or CO		DESCR	IBE HOW INJURY OCC	URED. (En	ter nature of injury in Pa	ort I or Part II	of item 18.)				
of N		- 1	CAUSE OF DEATH.											
Chie		NCAL	20c. TIME OF INJU	RY Month, Day, Year	2Dd. While			E OF INJURY (Home, far y, street, office bldg., etc		ity or town)	(County)	(State)	
XA. w. w. the		MEDI	p.m.	19		k at work								
D to other			21. I certify th	a) I took charge of t	he rem	ains described abo	ove, held	an Autopsy X.	Inspection	x, Inquir	y X , _ a	nd in my	opinion	
ded ded the			death resulted	fom: Natural cause	es X	Accident .	Saidie	e . Homicide	, U	ndetermined m	anner 🗌			
the criwar			X				/	CHIEF MEDICAL	EXAMINER [
MEDI te the forwar L DIR	2		SIGNATURE ()	une H.	1	anter'	1.	M.D. ASSISTANT MEI				DATE S	GNED	
execute the standard be forward by NERAL Didesignated			EXAMINER'S	James H.	Fea	ster, Jr.	. M.	D. DEPUTY MEDICA		Lamed .	36.3	1. 7	60	
DEFICIT Mease execute should be for FUNERAL.		220	BURIAL, CREMATIC		T	22c. NAME OF CEME		Addiess (Sildel,	city, town, o	r county) Oak	or country)	4-2-	tate)	
O DEI please 4 shou O FUI or its		4.40	REMOVAL (Specify)											
H	1	231	Burial/	4/0/1902		Kalbaugh				arden,				
VS. A15ME		7	A CO X	Jen Long		Dakland,			APR 5	100				
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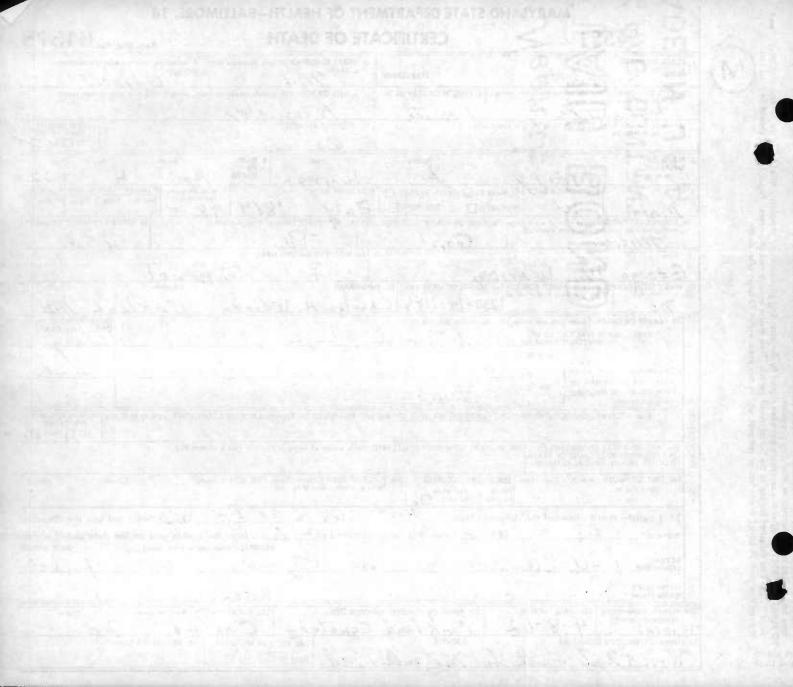
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 04578 04581 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO hurch 3. NAME OF First Middle 4. DATE Lost Year DECEASED (Type or print) DEATH 1962 5. SEX 6. COLOR OR RACE 7. MARRIED DEVER MARRIED 9. AGE (in years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BOTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 77717780 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give war or dates of service) 72 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 179 WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) foctory, street, office bldg., etc.) Hour o. m. While Not while of work ot work p. m 21. I certify that I attended the deceased from 1962 that I last sow the deceased A.M. fram the causes and on the date stated above. and that death occurred of ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER oge 3 s 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

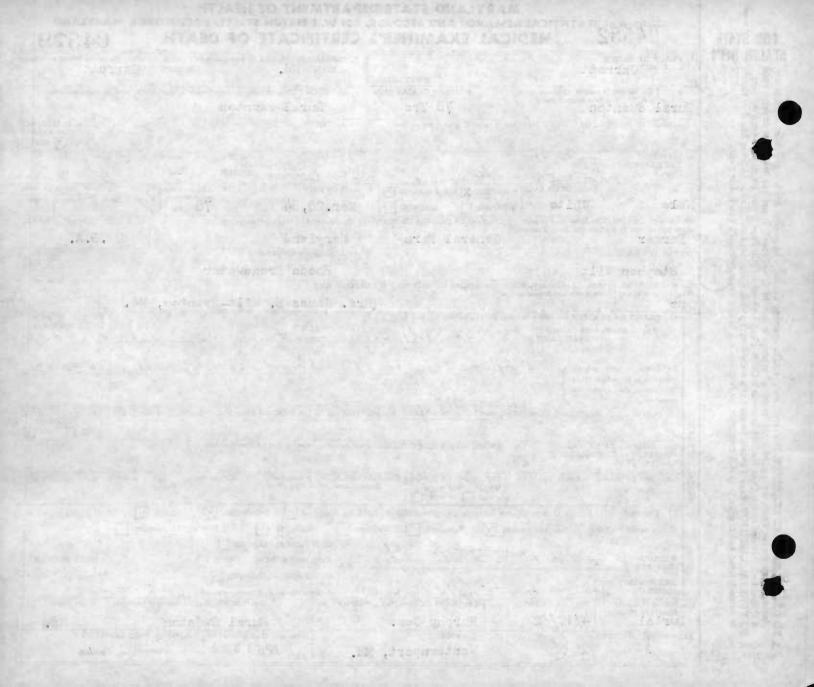


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TO DEP M. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please a rule the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the all director. Page 3 at 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain.	aled aled
P od	Sign
EP se e	s de
O 2 4 () p
H F	-

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 452 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04579

1	1. PL a.	1. PLACE OF DEATH a. COUNTY Garrett MARYLAND					2. USUAL RESIDENCE (Where deceased lived, if institution: Rasidence before admission) a. STATE Md. b. COUNTY Garrett					
	b. Rur	CITY OR TOWN (i	outsida corporete limit give neerest town) ON:	ts,	c. LENGTH OF STAY II	1 1b c. CITY	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) **Rural Swanton**					
X				f not In hospi	itel, give street eddress)		d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO					
	DI	AME OF ECEASED (pe or print)	JAMES	4	Middle	1	st /	OF DEATH	Month 4	D. 15	y Yeer - 19 62	
	5. SE		6. COLOR OR RACE			8. DATE OF 8		last	birthdey)	F UNDER 1 YEA Months Deys	R IF UNDER 24 HR	
			ON (Give kind of work	WIDOWED			28,84	1 78	yrs.	140 01717511		
	done		king life, even if retire	d)	eral Farm		IRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN C					
	13. F	ATHER'S NAME				14. MOTH	14. MOTHER'S MAIDEN NAME					
	5	Stephen W	ilt			RI	hoda Bro	adwater				
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyes give wer or dates of service)												
	no					Mrs. J	ames H.	Wilt_Swa	inton,	Md.		
	11		EATH [Enter only one I WAS CAUSED BY: MMEDIATE CAUSE (e)_ DUE TO	777.	to cardi						NTERVAL BETWEEN ONSET AND DEATH	v
	9 (4	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest. (b) Anteniose Isanotic Caredio Unscolar Wis. YEARS DUE TO Cause lest.										
0	CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDIT	TIONS CONT	RIBUTING TO DEATH BI	JT NOT RELATED T	O THE TERMINA	L DISEASE COND	ITION GIVE	N IN PART 1(e)	19. WAS AUTOPS PERFORMEDS YES NO	7
		20e. EXTERNAL CAUSE WAS PRIMARY OF OCCURED, (Enter nature of Injury In Part II or Part II of item 18.) CAUSE OF DEATH.										
	MEDICAL	Oc. TIME OF INJU Hour a.m. p.m.	RY Month, Dey, Yee	While	Not While at work	factory, street, of	RY (Home, farm, fice bldg., etc.)	20f. (City or for	wn)	(County)	(State)	
	2	1. I certify th	at I took charge o	f the rema	ins described abov	e, held an Auto	opsy, In	spection X.	Inquiry	K, an	d in my opinion	n
	A	death resulted from: Natural causes , Accident , Surcide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED										
2	E	XAMINER'S — IAME (Typo)	James H	. TE	aster V	M.D.	PUTY MEDICAL E		OAI		1-15-6	2
	_R	URIAL, CREMATIO EMOVAL (Specify)	4/17/62		26. NAME OF CEMETE Murphy Cem.	RY OR CREMATOR	Y 22	d. LOCATION (City, town,	or country)	(Stete) Md.	
1	23. F	UNERAL DIRECTOR	oal		ADDRESS Westernport	, Md.	24a. REC'D	8Y REGISTRAR R 1 8 '62	24b. REGIS	TRAR'S SIGNA	TURE	



ADDRESS

Grantsville.

24a. REC'D BY REGISTRAR

DATE

246. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ON A FARM?

Year

1962

(Stote)

0 VS A15 (4) 15M 9/5B

23. FURERAL DIRECTOR'S SIGNATURE

certificate

